			No. 1034—Revised scribed by Cappar Diver 1950 51, Supp. No. 11) bruary 20, 1952)										
	U. S. COST REIMBURSABLE (Department, bureau, or establishment)									i alb bi			
	Voucher prepared at(Give place and date)									· Encl #B			
			STATES, Dr.,	Payee's Account No.					DPD-0632-5				
	To									-   1	COPY	, OF ~	
	(Address) (City) (State)									_			
		-	(Add		ARTICI	(City) TICLES OR SERVICES				UNIT PRICE		AMOUN	
	No. and Date of Order		Date of Delivery or Service	(Enter description, item number of cont schedule, and other information de Discount Terms		nformation deem	med necessary)		QUANTITY	Cost Per		Dollars	
				Costs								\$19	
	PAYMENT Complet Partial Final	_			Use continual	tion sheet(s) if nece	cssary						
	Shipped fr	ped from to Weight Government B/L No.								7	Total	\$19	
	I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  (Payee must NC Differences												
TL	Date	3-		ulred when a like certificate is made by payee on attached bill or b				Amount verified; correct for			r		
1	Pe Contract	r No	H-101	_ Title (Signature or in						Invoice Rec'd.			
	Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$												
	,	•		SIGN ORIGINAL ONLY					(Authoriz				
	Title Date												
	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM												
	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)												
						12							
	St III NAL St MAII: 42												
	Check No.			dated .		, 19,	19, for \$		fon Treasurer of the United State			United States	
4	Paid by	Faid DV (			, on			(Sign original only)					

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